

# **EXTERNAL FINANCIAL REVIEW COUNCIL MANAGED CARE UPDATE**

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# Managed Care Updates

- Plans signed the December 1 mid-year contract adjustments to support BRAVO, TPL, and other minor changes
- Completed the required General Assembly workgroups and reports that affected MCO activity:
  - Community Mental Health Rehabilitation provider termination
  - Mobile vision
  - Home visiting

Some reports lead to supporting Governor's budget requests
- Submitted a number of budget requests for the governor's budget that will increase provider rates (will be part of MCO capitation)
- DMAS and the plans are preparing for the next MES module (PRSS) that will affect provider enrollment and screening for all Medicaid providers
- The plans are reviewing the model of care for the Cardinal program
- The Department continues to have weekly update meetings, including compliance, care management, program integrity, and quality meetings, as well as individual quarterlies with the plans

# Other Program Updates

- **Postpartum Waiver** - DMAS was the 3<sup>rd</sup> state to receive the 12 month postpartum waiver – HHS held a Maternal Health Round Table and Press Conference in Virginia on November 18 to make the announcement – the eligibility and program divisions are working to make the necessary changes
- **Doulas** - DMAS continues to work with VDH and doulas towards the doula implementation date of Spring 2022 - the State Plan Amendment (SPA) was approved - VDH regulations were approved and are posted on Town Hall for final adoption
- **Dental** - To date, over 80,000 members have received adult dental services
- **Enrollment Broker RFP** - In progress - provides independent health plan counseling
- **COVID Vaccinations** - Continues to be a priority for DMAS and the plans

# Complex Care Update

## DMAS – American Rescue Plan Act funding

- DMAS is implementing a 12.5 % temporary rate increase for specific waiver services, behavioral health services, home health services, and other identified services for dates of service from July 1, 2021 - June 30, 2022. The [Medicaid Memo 10/6/21](#) includes eligible procedure and revenue codes.
- DMAS issued a Request for Proposal to administer the \$1000 payment to agency-directed and consumer-directed personal care attendants. Payments will be made in early 2022.
- DMAS is finalizing a contract with the Virginia Health Care Association to coordinate \$5 Nursing Facility per diem payments to providers.

## *Behavioral Health Redesign for Access, Value and Outcomes*

### Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:



#### High Quality

Quality care from quality providers in community settings such as home, schools and primary care



#### Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment



#### Trauma-Informed

Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals



#### Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

## New Enhanced Services

- 3 Enhanced Services implemented **7/1/21**:

Assertive  
Community  
Treatment

MH Partial  
Hospitalization  
Program

MH Intensive  
Outpatient

- 6 Enhanced Services implemented **12/1/2021**

Multisystemic  
Therapy

Functional  
Family  
Therapy

Mobile Crisis  
Teams

Community  
Stabilization

23 Hour Crisis  
Stabilization

Residential  
Crisis  
Stabilization

# Cardinal Care Value

Unify the managed care programs under a single managed care contract for a more efficient and well-coordinated system of care for members and providers

## Adds value for our members

- Eliminates unnecessary transitions between the two managed care programs
- Avoids confusion for members with family members in both programs
- Drives equity in a fully integrated, well-coordinated system of care
- Allows for improved continuous care management and quality oversight based on population-specific needs, including as member needs change over time

## Adds value for our providers

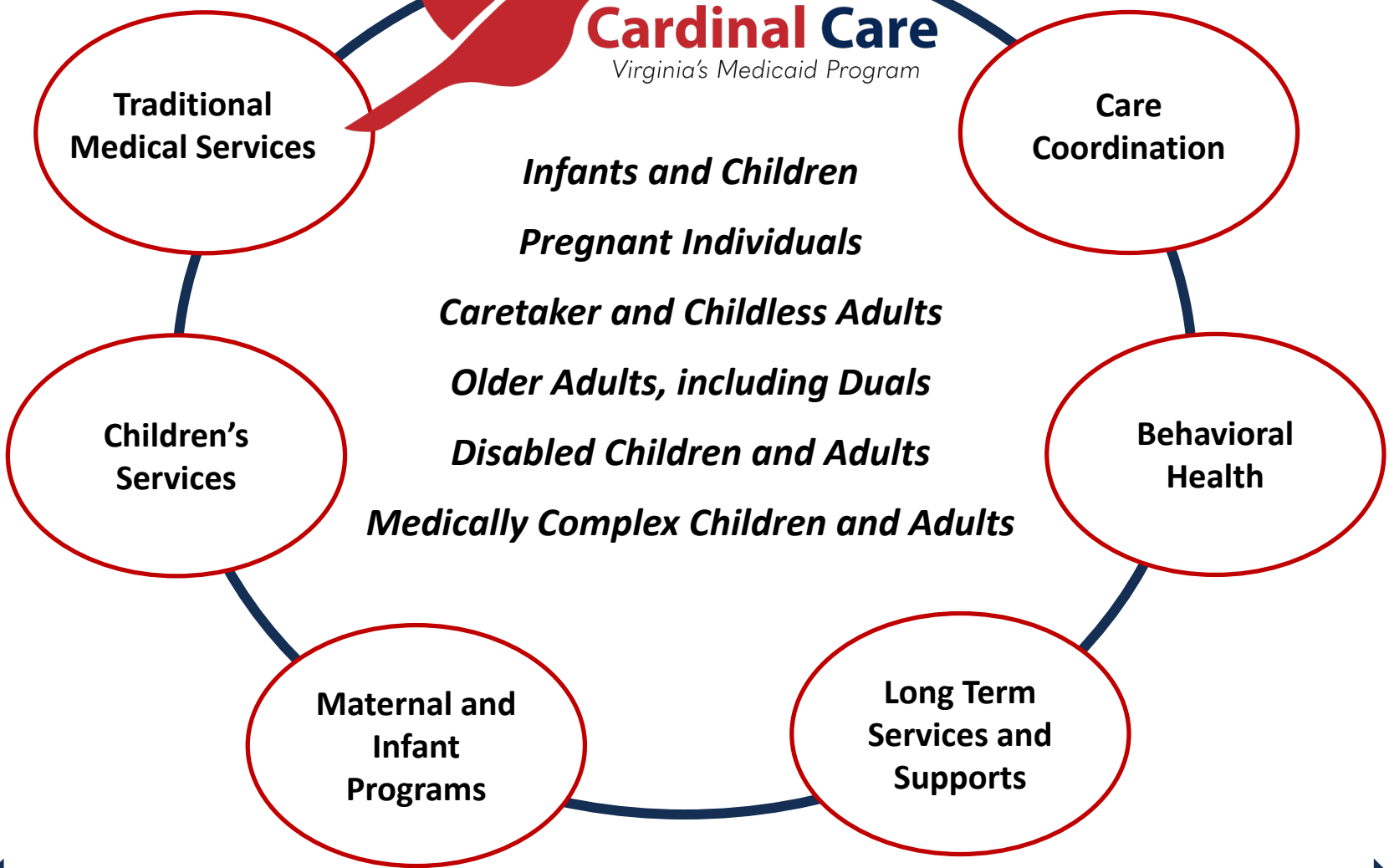
- Streamlines the contracting, credentialing and billing processes for providers

## Adds value for DMAS, MCOs & the Commonwealth

- Combines the two managed care contracts and two managed care waivers, and streamlines the rate development and Centers for Medicare and Medicaid Services approval processes
- Will allow DMAS to operate with greater efficiency and effectiveness, and provides new opportunities for value-based payment activities to promote enhanced health outcomes



**Cardinal Care**  
*Virginia's Medicaid Program*



*Single, streamlined, delivery system serving members as their needs evolve*





# Cardinal Care Key Steps for July 1, 2022

**Rebranding the fee-for-service & managed care programs under a single name, Cardinal Care**

**Shoring up the system to expedite and maintain managed care enrollment**

**Contract and rate consolidation, including: model of care, compliance & oversight, MLR & underwriting gain**

**Aligning program authorities including federal waivers and state regulations**

**Communications with members, providers, and other key stakeholders**